## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 06/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO 401(K) PLAN plan number (PN) ▶ 001 Effective date of plan 07/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO (EIN) 91-0577131 Sponsor's telephone number 509-624-2378 525 W 2ND AVE SPOKANE, WA 99201 Business code (see instructions) 813000 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 13 Total number of participants at the end of the plan year..... 5b 46 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 14 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 50 d(2) Total number of active participants at the end of the plan year..... 5d(2) 46 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	09/15/2015	LISA VOLLERT				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA)  Form	5500.		□ □	es	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not de	termin	ed
Par	t III   Financial Information	1	Г		-					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	2523	385				22	8808	
	Total plan liabilities	7b	2523	205				22	8808	
	Net plan assets (subtract line 7b from line 7a)	7c		000					.0000	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	33	304						
	(2) Participants	8a(2)	134	154						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		98						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	6856	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	400	073						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	3	360						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	0433	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	3577	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charad	cterist			he instructi	ons:		
10	During the plan year:				Yes	No		Amour	it	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				100	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					797
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year _	ruling	l —

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		/ Complete all efficies in	accordance with the instr	uctions to the Form 55	00-SF.	·					
		Identification Information									
For calenda	r plan year 2014 or fis	scal plan year beginning	07/01/2014	and ending	06/	30/2015					
A This retu	ırn/report is for:	a single-employer plan	of participating employ	an (not multiemployer) ( /er information in accord		king this box must attach a list he form instructions)					
		a one-participant plan	a foreign plan								
B This retu	rn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths) —						
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program						
		special extension (enter descr	iption)								
Part II	Basic Plan Info	rmation—enter all requested inf	ormation								
1a Name of VOLUNTE PLAN		CA OF EASTERN WASHING	TON AND NORTHERN	IDAHO 401(K)	1b Thre plan (PN)	number 001					
			ctive date of plan 01/1997								
		dress; include room or suite numbe CA OF EASTERN WASHING				loyer Identification Number ) 91-0577131					
525 W 2	ND AVE				2c Spor	nsor's telephone number					
323 W Z	ND AVE					-624-2378 ness code (see instructions)					
SPOKANE		WA 99201			813						
3a Plan ad	ministrator's name ar	nd address XSame as Plan Spons	sor.		<b>3b</b> Admi	inistrator's EIN					
3c Administrator's telephone number											
	ame and/or EIN of the				42						
a Shoned	•	e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN						
a Sponso	r's name	mber from the last return/report.			4c PN	13					
<b>5a</b> Total n	r's name umber of participants	mber from the last return/report.			4c PN 5a	13					
5a Total n b Total n c Number	r's name umber of participants umber of participants er of participants with	at the end of the plan yearatcount balances as of the end of	the plan year (defined bene	fit plans do not	4c PN	46					
5a Total n b Total n c Number	or's name umber of participants umber of participants or of participants with te this item)	mber from the last return/report.  at the beginning of the plan year at the end of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	46 14					
5a Total n b Total n c Numbe comple d(1) Total	or's name umber of participants umber of participants or of participants with te this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined bene an year	fit plans do not	4c PN 5a 5b	46					
5a Total n b Total n c Number comple d(1) Total d(2) Total	or's name umber of participants umber of participants er of participants with te this item) I number of active pa of participants that te	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year	the plan year (defined bene an yearan	fit plans do not	4c PN 5a 5b 5c 5d(1)	46 14 50					
5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that	or's name umber of participants umber of participants er of participants with te this item) I number of active pa al number of active pa of participants that to en 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year	the plan year (defined bene an year,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	46 14 50 46					
5a Total n b Total n c Number completed(1) Total d(2) Total e Number less that Caution: A Under pena SB or Schee	or's name  umber of participants  umber of participants  er of participants with  te this item)	at the beginning of the plan year	the plan year (defined benear year with accrued benear will be assessed tions, I declare that I have	ofit plans do not  fits that were  unless reasonable cau examined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estate port, including	46 14 50 46 0 blished. ng, if applicable, a Schedule					
5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche- belief, it is to	or's name  umber of participants  umber of participants  or of participants with  te this item)  I number of active pa  of participants that te  an 100% vested  penalty for the late  lites of perjury and ot	at the beginning of the plan year	the plan year (defined benear year with accrued benear will be assessed tions, I declare that I have	ofit plans do not  fits that were  unless reasonable cau examined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estate port, including	46 14 50 46 0 blished. ng, if applicable, a Schedule					
5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schee belief, it is to	or's name umber of participants umber of participants or of participants with te this item) I number of active pa I number of active pa of participants that te an 100% vested  penalty for the late lities of perjury and of dule MB completed a une, correct, and come	at the beginning of the plan year	the plan year (defined bene an year	offit plans do not  fits that were  unless reasonable cau examined this return/report,	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estate port, including, and to the	46 14 50 46 0 lished. ng, if applicable, a Schedule best of my knowledge and					
5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Scherbelief, it is to SIGN HERE	umber of participants umber of participants or of participants with te this item)	at the beginning of the plan year	the plan year (defined benear year with accrued benear will be assessed toons, I declare that I have as well as the electronic veri	offit plans do not  fits that were  unless reasonable cau examined this return/report,  LISA VOLLERT	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estate port, including, and to the	46 14 50 46 0 lished. ng, if applicable, a Schedule best of my knowledge and					
5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is to SIGN HERE	umber of participants umber of participants or of participants or of participants with the this item)	at the beginning of the plan year  at the end of the plan year  account balances as of the end of the plan year account balances as of the end of the plan year accounts at the beginning of the plan year accounts at the end of the plan year tricipants at the beginning of the plan year tricipants at the end of the plan year tricipants at the beginning of the plan year tricipants at the end of the plan year tricipants at the end of the plan year tricipants at the end of the plan year tricipants at the beginning of the plan year	the plan year (defined beneath of the plan year with accrued beneath of the plan year with accrued beneath of the plan year will be assessed the plan year.    1	offit plans do not  offits that were  unless reasonable caue existence this return/report,  LISA VOLLERT  Enter name of individue	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is estakeort, including, and to the unal signing	46 14 50 46 0 0lished. ng, if applicable, a Schedule best of my knowledge and as plan administrator as employer or plan sponsor					
5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is to SIGN HERE	umber of participants umber of participants or of participants or of participants with the this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan y	the plan year (defined beneath of the plan year with accrued beneath of the plan year with accrued beneath of the plan year will be assessed the plan year.    1	offit plans do not  offits that were  unless reasonable caue existence this return/report,  LISA VOLLERT  Enter name of individue	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is estakeort, including, and to the unal signing	46 14 50 46 0 0lished. ng, if applicable, a Schedule best of my knowledge and as plan administrator					

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<b>b</b> A u li	Vere all of the plan's assets during the plan year invested in eligible when you claiming a waiver of the annual examination and report of annual examination of waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannual examination of the plan examination and report of the plan examination and report of the plan examination and report of the examination and report of the plan examination and report of the examination and report of the plan examination and report of the examination and report of the plan examination and report of the examination and re	an indeper and conditi ot use Fo	ndent qualified public accountar ions.) rm 5500-SF and must instead	it (IQI use	PA)  Form	5500.		2	Yes		No No
<b>c</b> If	the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	21)? .	📙	Yes	No L	No	t dete	mine	d 
Part	III Financial Information	and the second s									
<b>7</b> P	lan Assets and Liabilities		(a) Beginning of Year		<u> </u>		(b) End	of \			
<b>a</b> T	otal plan assets	7a	25	238	5					2288	308
<b>b</b> T	otal plan liabilities	7b									
_ <b>c</b> N	let plan assets (subtract line 7b from line 7a)	7c	25	238	5					2288	808
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			nyanga magaya	(b)	Γota	[ NgoNorth John	ar year tiv	
	Contributions received or receivable from:  1) Employers	8a(1)		330	\$1355 A						
(	2) Participants	8a(2)	1	345	4 3	ng o Fin Milmore	SAN PARAMETERS	Electrical Control		0.54210 *******	<u></u>
(	3) Others (including rollovers)	8a(3)			200	41	Maria I de acesa. Como I de acesa.	Whom I ha			9114 <u>6 -</u> Serveria
_ b (	Other income (loss)	8b		9	8 : {	Manager of the	and the state of t	E.			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Total Control		. () (.488)	ados a Discusso	er Ottomber 1915.	visa is	Trans. Trans.	16	856
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	4	007	3	ne Sand	67 on 173 40 on 183	CORP.		San Paris Mary Care Sales Sales Care Sales Sales Sales Care Sales	
е (	Certain deemed and/or corrective distributions (see instructions)	8e			5.5	200	Contraction of the contraction o	Š.	60 L. L. 1 100 C. 100 C		<u> </u>
_ f /	Administrative service providers (salaries, fees, commissions)	8f		36	0	A Service	en alleman property	on the	To the second	an Faurence	Habi
g	Other expenses	8g	795. 1	31 h. 17							
<u>h</u> 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			404						
	Net income (loss) (subtract line 8h from line 8c)	8i					-2357				577
j 7	Fransfers to (from) the plan (see instructions)	8j				Construction of the constr					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D										
10					Yes	No		Ar	nount		
	During the plan year:  Was there a failure to transmit to the plan any participant contribu-	ıtions with	in the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes	uciary Cor	rection Program)	10a	<u> </u>	X					
ט	on line 10a.)			10b	<u> </u>	x					
c	Was the plan covered by a fidelity bond?			10c	Х	Ì				100	000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused by fraud	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all	or dishonesty?			х						797
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		Х					
<u>g</u>	If this is an individual account plan, was there a blackout period?			109		٧,,	The state of the s				N. C
—;	2520.101-3.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X	A series of the control of the contr			(S)	
·	exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i	<u> </u>	<u> </u>					
Part 11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and con	nplete	Sche	dule S	B (Form		Ye	es 📗	No
11a	Enter the unpaid minimum required contribution for current year					11a				<del></del>	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Ye	s X	No
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u></u>				

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Year

Day\_

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lf <sub>'</sub>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line	13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enegative amount)	nter a minus sign to the	eft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding d				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets		<u>-</u>				
13a	Has a resolution to terminate the plan been adopted in any plan year?				es XI	No.	
	If "Yes," enter the amount of any plan assets that reverted to the employer this	year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	to another plan, or broug	tht under the o	control		∏ Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	o another plan(s), identi	y the plan(s)	to	•		
1	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3	) PN(s)
	VIII Trust Information (optional)		·				
14a I	lame of trust			<b>14b</b> Tr	ust's EIN		

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